

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18119**
Registrar's No. **58**

FILED JUN 20 1955

BIRTH NO.		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 5311		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived, if different from residence before admission) a. STATE Mo b. COUNTY Cooper			
b. CITY OR TOWN Pilot Grove (Sw.)		c. LENGTH OF STAY (in this place) 4 months		c. CITY OR TOWN Pilot Grove		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles west of Pilot Grove				e. STREET ADDRESS (If rural, give location) 3 mi West of Pilot Grove			
3. NAME OF DECEASED (Type or Print) EARL HARRISON SHIPLEY				4. DATE OF DEATH JUNE 11 - 1955			
5. SEX M		6. COLOR OF RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (aunt) Married		8. DATE OF BIRTH April 30, 1888	
9. AGE (In years last birthday) 67		10. MONTHS -		11. DAYS -		12. HOURS -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (City and State or Foreign Country) Pattonburg, Mo.	
13a. FATHER'S NAME unknown				13b. MOTHER'S MAIDEN NAME unknown Mrs. Anna Shipley		14. NAME OF HUSBAND OR WIFE same	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. 494-183316		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Shipley	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 15 min.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4201			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 11, 1955 , to June 11, 1955 that I last saw the deceased alive on June 11, 1955 , and that death occurred at 1:12 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. H. E. Neely				23b. ADDRESS Pilot Grove Mo		23c. DATE SIGNED 6-13-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 13, 1955		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Casper Mo.	
DATE REC'D BY LOCAL REG. 6/13/55		REGISTRAR'S SIGNATURE Dr. Hooper		381		25. FUNERAL DIRECTOR'S SIGNATURE Harry - Painter	
ADDRESS Pilot Grove, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 406

P. O. Address Pilot Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.